10/806 465

PTO/S8/122 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE espond to a collection of information unless it displays a valid OMB control number.

CHANGE OF

| CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  | 7 ppiledion 11dinos  |                   |     |
|---|----------------------|-------------------|-----|
|   | Filing Date          | March 23, 2004    |     |
|   | First Named Inventor | Takahiro Kitajima |     |
|   | Art Unit             | 3651              |     |
| Alexandria, VA 22313-1490   | Examiner Name        | T. R. Waggoner    |     |
|   | Attorney Docket No.  | 606402017200      |     |
| Please change the Correspondence Address for the above-identified application to:   |                      |                   |     |
|   |                      |                   |     |
| x The address associated with Customer Number: 25227  |                      |                   |     |
| OR  |                      |                   |     |
| Firm or Individual Name   |                      |                   |     |
| Address   |                      |                   |     |
| City  | State                |                   | Zip |
| Country   |                      |                   |     |
| Telephone   | phone Email          |                   |     |
| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). |                      |                   |     |
| I am the:   |                      |                   |     |
| Applicant/Inventor  |                      |                   |     |
| Assignee of record of the entire interest.  |                      |                   |     |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  X Attorney or agent of record. Registration Number 28,055  |                      |                   |     |
| Registered practitioner named in the application transmittal letter in an application   |                      |                   |     |
| without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number   |                      |                   |     |
| Signature Ullindia  |                      |                   |     |
| Typed or Printed Name Barry E. Bretschneider  |                      |                   |     |
| Date August 11, 2008 Telephone (703) 760 7743   |                      |                   |     |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.     |                      |                   |     |
| *Total of 2 forms are submitted.  |                      |                   |     |